

DECLARATION  
FOR UTILITY OR DESIGN  
PATENT APPLICATION

) Attorney Docket No.: 64231  
)  
) First Named Inventor:  
)  
) FITZGIBBON et al  
)  
Declaration      X Declaration ) Application Number: 09/161,840  
Submitted      Submitted )  
With      After ) Filing Date: September 28, 1998  
Initial      Initial )  
Filing      Filing ) Group Art Unit: 2837  
)  
Examiner Name: Not Assigned

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MOVABLE BARRIER OPERATOR

(Title of Invention)

the specification of which:

( ) is attached hereto, or

(X) was filed by an authorized person on my behalf on Sept. 28, 1998  
as United States Application Number 09/161,840 (Date)  
or PCT International Application Number \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).  
(Date)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and I have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application, on this invention filed by me or my legal representatives or assigns and having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached	
				Yes	No
None			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Provisional Application  
Number(s)

Provisional Application  
Filing Date

None

☐ Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120, of any prior United States application(s), or under §365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

<u>Prior U.S.</u> <u>Application Number</u>	<u>Prior PCT</u> <u>International</u> <u>Application Number</u>	<u>Filing Date of</u> <u>U.S. or PCT</u> <u>International</u> <u>Application</u>	<u>Patent Number</u> <u>(if applicable)</u>
None			

None

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, and request that all correspondence and telephone calls in respect to this application be directed to FITCH, EVEN, TABIN & FLANNERY, Suite 900, 135 South LaSalle Street, Chicago, Illinois, 60603-4277, Telephone No. (312) 372-7842, Facsimile No. (312) 372-7848:

<u>Registered Practitioner</u>	<u>Registration Number</u>	<u>Registered Practitioner</u>	<u>Registration Number</u>
Morgan L. Fitch, Jr.	17,023	Karl R. Fink	34,161
Francis A. Even	16,880	Donald A. Peterson	18,647
Julius Tabin	16,754	James R. McBride	24,275
John F. Flannery	19,759	Bruce R. Mansfield	29,086
Robert B. Jones	20,135	Jeannette M. Walder	30,698
James J. Schumann	20,856	James J. Myrick	25,901
James J. Hamill	19,958	Mark A. Hamill	37,145
Timothy E. Levstik	30,192	Perry J. Hoffman	37,150
Joseph E. Shipley	31,137	James P. Krueger	35,234
Robert J. Fox	27,635	Mark W. Hetzler	38,183
Kenneth H. Samples	25,747	Timothy P. Maloney	38,233
Philip T. Petti	31,651	Thomas F. Lebens	38,221
John S. Paniaguas	31,051	Steven S. Favakeh	36,798
Richard A. Kaba	30,562		

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity or enforceability of the application or any patent issued thereon.

Full name of sole or one joint inventor:

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(Given names first, with Family name last)

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<u>Registered Practitioner</u>	<u>Registration Number</u>	<u>Registered Practitioner</u>	<u>Registration Number</u>
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Date: \_\_\_\_\_

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Citizenship: \_\_\_\_\_